



Old Machar Medical Practice Patient Access Application Form

Please complete all the sections below **clearly and in capitals** and sign to confirm you have read the conditions of use. You will be required to attend the practice **IN PERSON** and **WITH SUITABLE PHOTOGRAPHIC IDENTIFICATION** to collect your registration details.

Full Name	
Date of Birth	
Age	
Address	
Home Telephone Number	
Mobile Number	
Email*	

Conditions of use

- You must ensure that your Patient Access log-in details remain confidential. Although presently the system can only book/cancel appointments and order repeat medication, in the future you may be able to view a summary of your medical records. We will not necessarily write to inform you of the changes to this service.
- Patient Access is a voluntary scheme. If you wish your account can be stopped should you no longer wish to continue. This will not affect your registration at the practice and appointments will remain available over the phone or in person at the practice.
- We retain the right to withdraw access to the service to those who seem to be abusing the service. Access will be withdrawn for those persons booking appointments to which they do not attend or frequently cancelling appointments just before the time of the appointment.
- We will endeavour to maintain the maximum access to the service but it is necessary for the service to be shut down overnight while our system back up occurs and there may be other times when the service is not active. Appointments made using the system can be checked and cancelled by phoning the surgery during our times of opening when the online system is unavailable.
- Nurse appointments cannot presently be booked online as they often require a specific member of staff and a longer appointment than a single slot. These options are not presently available with Patient Access.

Signature: _____

Date: _____

ID Checked	
Registration Letter Printed	